FEB 2 0 2009

USER CHARGE SELF MONITORING REPORT

NAME:	AM	MEAL	PHARM	ACEUTICAL	s corpor	ATTON		المستويدين والم
ADDRESS:		709	MCLEAN	BLVD P	ATERSON	NJ 075	٥٤	
FACILITY I	LOCAT	ION:	209 MC 1	ACEUTICAL BLVD, P EAN BL	O. PATER	LON, NO C	77.504	
NEW CUST	OMER !	D / OUTLET	ID: 272.000	50-1 OLD OUTI	ET DESIGNAT	TION:		
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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL OR AUTHORIZED AGENT	TYPE NAME AND TITLE	TELEPHONE NUMBER
Senen Roxan for;	JITEN PARIKH	973 357-0222
	VICE PRESIDENT	
		DATE 2-19-09

PVSC FORM MR-2 REV.3 6/93

NJDEP Certified Laboratory No. 14964 973-335-CALI

FAX 973-335-0556

E-MAIL: calilabs@earthlink.net WEBSITE: www.calilabs.com

1259 Route 46, Building #4/C Parsippany, NJ 07054-4909

COMPLETE ANALYSIS LABORATORIES INC. 2

Ms. Sonal Thakar Amneal Pharmaceutical Corp. 209 McLean Blvd. Paterson, NJ 07054

ANALYSIS REPORT

REPORT	DATE:	JAN.28,2009	

PROJECT NO: 913967

LAB ID NO: 913967.1

FIELD ID NO: AP-0113

Sample: Liquid, Sampled by CALI on 1/13/09

Parameter	Method No	Result	Analysis	RLs	DF
		(mg/L)	Date Time	(mg/L)	
BOD_5	405.1	339	1/14/09 8:18	2.0	1
TSS	160.2	111	1/14/09 8:00	4.0	1
			`		

Definitions:

pH Unit, J= Compound Detected but Below MDL, RLs= Laboratory Reporting Limits, MDL= Method Detection Limit, DF= Dilution Factor, ND = Not Detected, RL = MDL x DF

Approved By:

Zvi Blank, Ph.D., CHMM
Laboratory Director

The Standard of Excellence in Laboratory Service



METHOD USED

TOTAL WATER USED

7,655.0 (1/31/09) - 7,530.1 (1/1/09) = 125 CF1 X 7.48 X 100 = 93,425/21 DAYS = 4,449 Total Flow - Gal/Day.

SANITARY USED

1,806.0 (1/31/09) - 1,737.0 (1/1/09) = 69 X 7.48 X 100 = 51,612/21 DAYS = 2,458 Flow - Gal/Day.

REGULATORY/TOTAL = 1,991/4,449 = 0.4

SITE PLAN: NO CHANGE



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CHAIN OF CUSTODY

COMPLETE ANALYSIS LABORATORIES, INC.

(Lab use only) No. 913967

1259 ROUTE 46 BLDG. #4 PARSIPPANY, NJ 07054-4909 PHONE: (973)335-CALI FAX: (973)335-0556

وه سلا

DELIVERABLES: (CIRCLE ONE)

(TD) REDUCED OTHER (Specify)

FULL

NJDEP LAB CERTIFICATION # 14964 CLIENT AMNEAL PHARMACEUTICAL **ADDRESS** 209 MCLEAN BLVD **PATERSON** CITY 07054 STATE NJ ZIP

CONTACT	Ms. Thakar	PHONE	(973357-0222			
PROJECT	WASTEWATER					
SAMPLER	name 15ct	:- Si	sign			
WITNESSED BY	name Seme	n Pox	as 1-13-09			

LAB ID	FIELD ID	SAMPLING DATE/TIME	M	Т	No	Р	ANALYSIS
913962.	AP- 0113	1113/09 13:40	A	С	1	С	BOD,TSS
9139621	AP- 0113	1113/09 13:41	A	C	1	Hn,C	Cu, Zn, Pb
91796212		1115/09 17:42	A	G	2	H,C	VOC*
:							
				J			
				ļ			
		-		<u> </u>	<u> </u>	<u> L</u>	
REMARKS	* VOC TO INCLUDES	ACETONE, METHYLENE CHLORIPS ER WAS SET UP ON गेमिल हैं रिडें	70.			5 60 - 1 1	3/09 \$ 13/40
`	COMPOSITE SAMPL	ER WAS SET UP ON 11409 4 175A	MPLE V	VAS CO	LLECTE	ווו אסט ו	3(07 \$ 13190
	SAMPLING FREQUE	NCY - 30 MINUTES.					

RELINQUISHED BY			RECEIVED BY		DATE	TIME	METHOD OF RELINQUISH.	RECEIVING ORGANIZATION	
SIGNA	ATURE	NAME		SIGNATU	RE			antieta eta	
_		QD7		de		1-13-09	14100	Doyoff	AH.
7		7					, , , , , , , , , , , , , , , , , , ,	3/1	
TURNAROUND TIME:					PRIORITY AUTHORIZATION:				
1				WATER	-			O - OIL	
T= TYPE C - CO		POSITE G - GRAB				No. =	NUMBER OF CO	ONTAINERS	
/ATIVE	H₂- H₂SO	4 Hn -HNC)3	H -HCI	N-1	NaOH	A -AS(CORBIC ACID	C - COOL TO 4 °C
-	D TIME:	A - AQUE SL-SLUD C - COMF 'ATIVE H ₂ - H ₂ SO	D TIME: A - AQUEOUS SL-SLUDGE C - COMPOSITE ATIVE H ₂ - H ₂ SO ₄ Hn-HNC	D TIME: A - AQUEOUS P- SL-SLUDGE SC C - COMPOSITE G ATIVE H ₂ - H ₂ SO ₄ Hn-HNO ₃	D TIME: A - AQUEOUS P - POTABLE SO - SOLID C - COMPOSITE G - GRAB ATIVE H ₂ - H ₂ SO ₄ Hn-HNO ₃ H-HCI	D TIME: A - AQUEOUS SL-SLUDGE C - COMPOSITE G - GRAB A-HCI N-1	D TIME: A - AQUEOUS SL-SLUDGE C - COMPOSITE C - G - GRAB A-H2SO4 Hn-HNO3 H-HCI N-NaOH	D TIME: PRIORITY AUTHORIZ A - AQUEOUS SL-SLUDGE SO - SOLID C - COMPOSITE G - GRAB No. = VATIVE H ₂ - H ₂ SO ₄ Hn-HNO ₃ H-HCI N-NaOH A-ASC	SIGNATURE NAME SIGNATURE 13-09 1450 PRIORITY AUTHORIZATION: A - AQUEOUS SL-SLUDGE SO - SOLID YATIVE H ₂ - H ₂ SO ₄ Hn-HNO ₃ H-HCI N-NaOH A-ASCORBIC ACID

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FAX NO.

FEB 2 0 2009

USER CHARGE SELF MONITORING REPORT

NAME: AMNERL ADDRESS: 709 M FACILITY LOCATION: 70 NEW CUSTOMER ID / OUTLET)	PHARMACEU- NCLEAN BLV 109 MCLEAN 10: 0	TICALS O PA BLV LD OUTLE	CORPORA TERSON O. PATER OT DESIGNATION	HTON NJ 07504 SON, NJ 07! ON:	<u></u>
MONITORING PERIO			93 CU. FT X 7.48 =	TER READING LAS	GALS
DATE BOD 1-13-09 339 mg/L	TSS III mg/L		DAY THIS PERI	BOD	TSS

I certify under penalty of law that this document and all attachments were prepared under my direction r supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the it ormation submitted. Based on my inquiry of the person or persons who manage the system, or those persons direct responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, ccurate and complete. I am aware that there are significant penalties for submitting false information, including the | ssibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL OR AUTHORIZED AGENT	TYPE NAME AND TITLE	TELEPHC	E NUMBER
Senen Roxan for	JITEN PARIKH	973 3	7-0222
	VICE PRESIDENT		7-09
		DATE 2-	1-09

PVSC FORM MR-2 REV.3 6/93

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SITE PLAN: NO CHANGE

2009 FRI 09:32 AM

FAX NO.

P. 13

NJDEP Certified L. poratory No. 14964

973-335-CALI

FAX 973-335-0556 ·

E-MAIL: c: ilabs@earthlink.net WEBSIT www.calilabs.com

1259 Roi e 46, Building #4/C

Parsip| tny, NJ 07054-4909



COMPLETE ANALYSIS LABORATORIES INC.

Ms. Sonal Thakar Amneal Pharmaceutical Corp. 209 McLean Blvd. Paterson, NJ 07054

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Approved By:

Zvi Blank, Ph.D., CHMM

Laboratory Director

FAX NO.

P. 10

CHAIN OF CUSTODY

P. 3E 1/OF No. 913967

COMPLETE ANALYSIS LABORATORIES, INC.

1259 ROUTE 46 BLDG. #4 PARSIPPANY, NJ 07054-4909 PHONE: (973)335-CALI

FAX: (973)335-0556

(CIRCLE ONE)

FULL REDUCE OTHER (Specify) DELIVERABLES:

FAX: NJDE	(9/3)336-0566 EP LAB CERTIFIC	CATION	# 14964			
CLIENT	AMNEAL PHARMACEUTICAL					
ADDRESS	209 MCLEAN BLVD.					
CITY	PATERSON					
STATE	NJ	ZIP	07054			

		ai x
Ms, Thakar	PHONE	73357-0222
	WASTEW	A ER
name Isoto	-Si-	Si 1
name Sen	in Poxi	a: 1-13-09
	name 1 set	WASTEW.

AB ID	FIELD ID	SAMPLING DATE/TIME	M	Т	No	P		ALYSIS
•		1111/09 13:40	A	T _C	1	С	BOD,	3\$
913962.	AP- 0113		A	1c	1	Hn,C	Cu, Z	Pb
413967,1	AP- 0113 G	1113/09 13:42	A	G	2	H,C	VOC*	
413 107.				-	-			
								4
			-	-				
MARKS	VOC TO INCLUDE	S: ACETONE, METHYLENE CHLORIC LER WAS SET UP ON THE CHLORIC	AMPLE	WAS CO	DLLECTE	DON I	13/09	ह हि।५०
	SAMPLING FREQU							

RELINQUISHED BY			RECEIVED BY			DAT	ETI	ME	METHOD OF RELINQUISH.	RECEIVING ORGANIZATION
NAME	SIGNA	TURE	NAME	5	CAS	RE (-)3-0	9 4	40 40	orofold	CAH5-
TURNAROUN	D TIME:					PRIORITY	NUTH	IORIZ	ATION:	
A-		A - AQUI	JEOUS P - POTABLE DGE SO - SOLID			WATER		S - SOIL X - OTHER) - OIL
T= TYPE		C - COMPOSITE G - GRAB		BRAB				NUMBER OF CO	- COOL TO 4 °C	
PRESERVATIVE I		H ₂ - H ₂ SO ₄ Hn-HNO ₃ H-HC		N-NaOH		A-ASI	CORBIC ACID	-0001101		

SOP-CG-010 REV 4/96